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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/739,357	12/19/2000	Craig S. Aman	10003506	3380
28159	7590	05/11/2005	EXAMINER	
PHILIPS MEDICAL SYSTEMS PHILIPS INTELLECTUAL PROPERTY & STANDARDS P.O. BOX 3003 22100 BOTHELL EVERETT HIGHWAY BOTHELL, WA 98041-3003			SOTOMAYOR, JOHN	
			ART UNIT	PAPER NUMBER
			3714	
DATE MAILED: 05/11/2005				

Please find below and/or attached an Office communication concerning this application or proceeding.

SA

Office Action Summary	Application No.	Applicant(s)
	09/739,357	AMAN, CRAIG S.
	Examiner	Art Unit
	John L Sotomayor	3714

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 14 February 2005.
- 2a) This action is FINAL. 2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 1-25 and 38-47 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) Claim(s) _____ is/are allowed.
- 6) Claim(s) 1-25 and 38-47 is/are rejected.
- 7) Claim(s) _____ is/are objected to.
- 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on _____ is/are: a) accepted or b) objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 - a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)	4) <input type="checkbox"/> Interview Summary (PTO-413)
2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)	Paper No(s)/Mail Date. _____
3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date _____	5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152)
	6) <input type="checkbox"/> Other: _____

DETAILED ACTION***Continued Examination Under 37 CFR 1.114***

1.. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on February 14, 2005 has been entered.

In response to the amendment filed February 14, 2005, claims 1-25 and 38-47 are pending.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.

4. Considering objective evidence present in the application indicating obviousness or nonobviousness.
3. Claims 1,4,5,7-10,12-14,16,18-19,21-24 and 44-49 are rejected under 35 U.S.C. 103(a) as being unpatentable over Hon (US 6,074,213) in view of Ramshaw et al (US 5,791,907) and Linberg (US 6,386,882).

Regarding claim 1, Hon discloses a system, method and apparatus for the training of users of a medical system. Hon discloses that educational instructions are pre-loaded into the system and available for recall by users of the system contacting the rule-based expert system component (Col 3, lines 16-44). The instructional and simulation information are provided to the users via a plurality of displays on graphical user interfaces over networked devices. (Col 4, lines 56-64, Fig 11). Hon discloses generating feedback to supply information to team members using the medical device (Col 11, lines 36-38). Hon does not specifically disclose that the feedback is used to indicate whether a particular interaction is appropriate under given conditions or that the instructional information consists of instructions. However, Ramshaw et al teaches a network connected interactive medical training system for teaching students how to use medical devices in which a student is presented with a selection of instruments for use in a particular procedure step and will request the information on instrument use until the user enters the appropriate answer where the answer is the appropriate instrument for use in that particular step of the procedure under the conditions pertaining in the simulated procedure (Col 3, lines 33-43). In addition, Linberg teaches a remote instructional system for medical devices such as a defibrillator (Col 16, line 1-3) and allowing a trainee to request instructions (Col 16, lines 50-52) and interact with the system by manipulation of the displayed medical device control objects through a graphical user interface (Col 16, lines 53-67 and Col 17, lines 1-8). Therefore, it

would have been obvious to one of ordinary skill at the time of invention to extend an existing feedback information stream to include informing users as to the correct use of a medical device as disclosed by Hon in combination with whether a particular interaction is appropriate under given conditions as taught by Ramshaw et al and simulating a medical devices such as a defibrillator and allowing a trainee to request instructions and interact with the system by manipulation of the displayed medical device control objects through a graphical user interface as taught by Linberg for the purposes of imprinting in the student the correct instrument to use under a plurality of conditions.

Regarding claims 4 and 18 Hon discloses a system and method within which the display stations, which interact with a user through a Graphical User Interface (GUI), are equipped with a voice interface for audio interaction with the user (Col 4, line 61, Col 15, lines 39-41).

Regarding claims 5 and 19, Hon discloses that the instructional system and method may use the Internet and intranets for communication between users (Col 16, lines 11-16). Hon does not specifically state that the navigation capability of the GUI in use by the system and method is linear and non-linear. However, it is common and well known to use a web browser as a means of navigation on Internet capable display devices. Inherent to a web browser is the capacity for linear and non-linear navigation from web page to web page. Therefore, it would have been obvious to one of ordinary skill in the art to provide linear and non-linear navigation capability to any system and method utilizing the Internet for connectivity between users.

Regarding claims 7-9, 12,13, Hon discloses that the instructional information from the expert system may be provided to the users through visual means, including images, video and animation of the subjects in use (Fig 17, Col 14, lines 36-46).

Regarding claim 10, Hon discloses a simulator with a rule-based expert system that provides a view of various team performance actions in relation to the medical task presented, thus providing the operational steps of a task in proper sequential order (Col 16, lines 23-25).

Regarding claim 14, Hon discloses an educational system with a network, user computers coupled to the network, and a server with educational instructions pre-loaded into the system and available for recall by users of the system contacting the rule-based expert system component (Col 3, lines 16-44). The instructions and simulation information are provided to the users via a plurality of displays on graphical user interfaces over networked devices. (Col 4, lines 56-64, Fig 11). Hon discloses generating feedback to supply information to team members using the medical device (Col 11, lines 36-38). Hon does not specifically disclose that the feedback is used to indicate the appropriateness of the use of the medical device. In addition, Ramshaw et al teaches a network connected interactive medical training system for teaching students how to use medical devices in which a student is presented with a selection of instruments for use in a particular procedure step and will request the information on instrument use until the user enters the appropriate answer where the answer is the appropriate instrument for use in that particular step of the procedure under the conditions pertaining in the simulated procedure (Col 3, lines 19-43). In addition, Linberg teaches a remote instructional system for medical devices such as a defibrillator (Col 16, line 1-3) and allowing a trainee to request instructions (Col 16, lines 50-52) and interact with the system by manipulation of the displayed medical device control objects through a graphical user interface (Col 16, lines 53-67 and Col 17, lines 1-8). Therefore, it would have been obvious to one of ordinary skill at the time of invention to extend an existing feedback information stream to include informing users as to the correct use of a medical device.

as disclosed by Hon in combination with whether a particular interaction is appropriate under given conditions as taught by Ramshaw et al and simulating a medical devices such as a defibrillator and allowing a trainee to request instructions and interact with the system by manipulation of the displayed medical device control objects through a graphical user interface as taught by Linberg for the purposes of imprinting in the student the correct instrument to use under a plurality of conditions.

Regarding claim 16, Hon discloses a system capably connected either through the Internet or over an intranet (Col 16, lines 11-16).

Regarding claims 44-49, Hon discloses a system, method and apparatus for the training of users of a medical system in which the interactive simulation object comprises a medical device control object (claims 44,46 and 48) or a medical device first aid instrument object (claims 45,47 and 49) (Fig 14, and Col 10, lines 1-15).

4. Claims 38 and 40-43 are rejected under 35 U.S.C. 103(a) as being unpatentable over Hon in view of Linberg.

Regarding claim 38, Hon discloses an instructional method simulating the control of medical devices under the direction of a rule-based expert system, simulating the first aid use of the medical device and providing feedback to the user concerning the correct results from the device (Col 9, lines 5-44), and providing a plurality of instructional graphical user interfaces at least one of which displays a simulation of operating controls or device instruments of the medical device (Col 10, lines 1-15). However, Linberg teaches a remote instructional system for medical devices such as a defibrillator (Col 16, line 1-3) and allowing a trainee to request instructions (Col 16, lines 50-52) and interact with the system by manipulation of the displayed

medical device control objects through a graphical user interface (Col 16, lines 53-67 and Col 17, lines 1-8). Therefore, it would have been obvious to one of ordinary skill at the time of invention to extend an existing feedback information stream to include informing users as to the correct use of a medical device as disclosed by Hon and simulating a medical devices such as a defibrillator and allowing a trainee to request instructions and interact with the system by manipulation of the displayed medical device control objects through a graphical user interface as taught by Linberg for the purposes of simulating a realistic certification instruction on a remote device to optimize convenience for remote users.

Regarding claim 40, Hon discloses a system and method within which the display stations, which interact with a user through a Graphical User Interface (GUI), are equipped with a voice interface for audio interaction with the user (Col 4, line 61, Col 15, lines 39-41).

Regarding claims 41-43, Hon discloses that the instructional information from the expert system may be provided to the users through visual means, including images, video and animation of the subjects in use (Fig 17, Col 14, lines 36-46). Hon does not specifically disclose that text description is associated with the visual means of instructing users. However, Parker et al teaches that both graphical and textual data of interest to the medical use in progress may be represented on a single screen for use of medical practitioners (Col 5, lines 15-26). Therefore, it would have been obvious to one of ordinary skill in the art at the time of invention to provide a text description of one or more steps associated with the graphical representation pertaining to operation of the medical device. Therefore, it would have been obvious to one of ordinary skill in the art to provide an instructional information from the expert system may be provided to the users through visual means, including images, video and animation of the subjects in use as

disclosed by Hon with a text description is associated with the visual means of instructing users as taught by Parker et al for the purposes of producing a medical training device that provides users with textual description of a visual image for a more robust training experience.

5. Claims 2,6,11,15 and 20-25 are rejected under 35 U.S.C. 103(a) as being unpatentable over Hon in view of Ramshaw et al, Linberg and Parker et al (6,321,113).

Regarding claims 2,11,15 and 25, Hon/Ramshaw et al/Linberg discloses a defibrillator station in which an external defibrillator may be inserted for use by the medical team. Hon/Ramshaw et al/Linberg does not specifically disclose that the defibrillator is an Automated External Defibrillator. However, Parker et al teaches that for a good networked connection at a remote site from the main analysis computer an Automated External Defibrillator is preferred (Col 3, lines 42-64). The AED taught by Parker et al has the networked features that would allow it to be seamlessly integrated into the defibrillator station disclosed by Hon/Ramshaw et al/Linberg. Therefore, it would have been obvious to one of ordinary skill in the art to provide a defibrillator station in which an external defibrillator may be inserted for use by the medical team as disclosed by Hon/Ramshaw et al/Linberg with an Automated External Defibrillator as taught by Parker et al for the purposes of including an AED as the preferred defibrillation device in the training system.

Regarding claims 6 and 20, Hon/Ramshaw et al/Linberg discloses a system and method for instructional connection and communication between users of physically separate medical devices, each user of which has a physical display device. Hon/Ramshaw et al/Linberg does not specifically disclose that the instructional information provided to users of the system is in text format. However, Parker et al teaches a physically remote AED device connected via a network

connection to a remote computer that provides instruction displayed to the user in text format (Col 3, lines 35-40, Fig 1). The system and method discloses by Hon/Ramshaw et al/Linberg indicates a rule-based expert system that assists with instruction and the system and method taught by Parker et al displays the rules for the system use as text retrieved from a rules database. Therefore, it would have been obvious to one of ordinary skill in the art to provide a system and method for instructional connection and communication between users of physically separate medical devices, each user of which has a physical display device as disclosed by Hon/Ramshaw et al/Linberg with instructional information from the rules database on the steps necessary to utilize a connected medical device in text format on the GUI as taught by Parker et al for the purposes of providing instant help information to a student during training exercise.

Regarding claims 21-23, Hon discloses that the instructional information from the expert system may be provided to the users through visual means, including images, video and animation of the subjects in use (Fig 17, Col 14, lines 36-46).

Regarding claim 24, Hon discloses a simulator with a rule-based expert system that provides a view of various team performance actions in relation to the medical task presented, thus providing the operational steps of a task in proper sequential order (Col 16, lines 23-25).

6. Claims 3 and 17, are rejected under 35 U.S.C. 103(a) as being unpatentable over Hon in view of Ramshaw et al in further view of Linberg, Parker et al and Olson et al (US 5,645,571). Hon/Ramshaw et al/Linberg/Parker et al discloses that a plurality of medical devices may be attached to the instructional system and method. Hon/Ramshaw et al/Linberg/Parker et al does not specifically disclose operation, troubleshooting or maintenance of these medical device items. However, Olson et al teaches an AED that has self-diagnostic capability as well as

providing troubleshooting and device maintenance indicators and instructions (Figs 3 and 4). In attaching the instant AED to a rule-based expert system these troubleshooting, maintenance and diagnostic capabilities could be easily incorporated and displayed to the users in the same manner as any other system or method instructions. Therefore, it would have been obvious to one of ordinary skill in the art to provide a system and method for training on a defibrillator device in communication with a network as disclosed by Hon/Ramshaw et al/Linberg/Parker et al with help diagnostic that incorporates the existing utility, operation, troubleshooting and maintenance instructions of all medical devices to be connected to the rule-based expert system as taught by Olson et al for the purposes of providing on-site troubleshooting and maintenance as a part of a training exercise.

7. Claim 39 is rejected under 35 U.S.C. 103(a) as being unpatentable over Hon in view of Linberg in further view of Parker et al.

Regarding claim 39, Hon discloses a defibrillator station in which an external defibrillator may be inserted for use by the medical team. Hon does not specifically disclose that the defibrillator is an Automated External Defibrillator. However, Linberg teaches that for a good networked connection at a remote site from the main analysis computer an Automated External Defibrillator is preferred (Col 16, lines 1-5). Hon does not specifically disclose nor does Linberg teach that the defibrillator is an Automated External Defibrillator. However, Parker et al teaches that for a good networked connection at a remote site from the main analysis computer an Automated External Defibrillator is preferred (Col 3, lines 42-64). The AED taught by Parker et al has the networked features that would allow it to be seamlessly integrated into the defibrillator station discloses by Hon. Therefore, it would have been obvious to one of ordinary

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skill in the art to provide a defibrillator station in which an external defibrillator may be inserted for use by the medical team as disclosed by Hon/Linberg and including an AED as the preferred defibrillation device in the training system as taught by Parker et al for the purposes of assisting a student in selecting a appropriate device for use in a medical procedure.

Response to Arguments

Applicant's arguments with respect to claims 1-25 and 38-47 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to John L Sotomayor whose telephone number is 571-272-4456. The examiner can normally be reached on 6:30-4:00 M-F.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jessica Harrison can be reached on 571-272-4449. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).



John Sotomayor
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